

REMARKS

Claims 1 and 19 have been amended, as will be apparent, to make minor alterations in syntax and not for any reason related to patentability or to any of the outstanding rejections discussed below. The same is true for dependent claims 2-5, 8, 13-18, 20-24, 26 and 31-36, which also contain adjustments to correct claim dependencies and/or typographical or grammatical errors. Claims 37-45 have been added by this Amendment. Support for new claims 37-45 is found throughout the specification and claims as originally filed. Support for independent claim 37 is found, for example, at page 5, line 23 to page 6, line 12; page 10, line 3 to page 12, line 19; and page 13, line 9 to page 14, line 2. No new matter has been added. Claims 1-45 are currently pending in this application.

Reconsideration of the rejection of claims 1-36, and consideration of new claims 37-45 is respectfully requested.

§ 112 Claim Rejection

The Examiner has rejected claim 1 under § 112, second paragraph, as allegedly indefinite in view of the phrase "regarding preferences and dislikes of participants." The Examiner suggests it may not be clear "who are the participants." (Office Action dated May 19, 2004, pg. 2).

Applicants assert that claim 1, as currently written, is clear and fully satisfies the requirements of § 112, second paragraph. The subpart of claim 1 referred to by the Examiner is:

asking one or more questions, on the web pages, regarding preferences and dislikes of participants.

When interpreted in light of the specification, it is clear that "participants" are users of the web-based system, noted in the specification and the subject claim to include a patient, the patient's family, and/or friends of the patient. For example, at page 5, lines 23-26, the specification states:

Furthermore, the invention identifies the patient's and his friends' and family's preferences and their dislikes. By asking one or more questions, the invention seeks to identify what they liked and did not like about the hospital, the treatment, the doctor, or any other matter related to the patient and the treatment.

Applicants thus submit that claim 1 is clear as written, and Applicants respectfully request withdrawal of the Examiner's rejection.

§ 103 Claim Rejections – Claims 1, 2-4, 6, 16-22, 24 and 34-36

Claims 1, 2-4, 6, 16-22, 24, and 34-36 stand rejected under § 103(a) over "Applicant admitted prior art (or AAPA)" in view of U.S. Publication No. 2002/0178079 to Russell *et al.* ("Russell"). Claims 1, 2-4, 6, 16-22, 24, and 34-36 also stand rejected under § 103(a) over Russell only. (Office Action dated May 19, 2004, pg. 8). Applicants submit the following in response to both rejections. Applicants respectfully traverse the Examiner's rejections for at least the following reasons.

First, Applicants submit that the Examiner has mischaracterized the Background of the Invention section of the present application. The Background of the Invention section does not disclose "a method and means for communication and relationship management" as the Examiner suggests. The Background of the Invention section merely outlines the various problems associated with efficient communication between the patient, friends, family and loved ones when a patient is hospitalized. Various deficiencies associated with personal visits and phone communications are simply set forth therein. No "method and means for communication

and relationship management" are disclosed in the Background of the Invention section of the present application.

Second, Applicants submit that the Examiner has misapplied Russell to the pending claims. For example, the Examiner cites paragraphs 0010, 0011 and 0012 of Russell as teaching a new and improved system for communication. However, these paragraphs of Russell are simply associated with problems that may be faced by mourners and loved ones when someone dies, *e.g.*, learning that the person has died, arranging the funeral, attending the funeral, communicating sympathy, knowing the wishes of the deceased, knowing the religious and cultural traditions of the deceased, and so on. According to Russell, its objects are to facilitate "the mourning of pets" (paragraph 0019), the "modern mourning of famous or important individuals" (paragraph 0021), the "needs of the family member who has the primary responsibility for planning the funeral for a beloved deceased individual" (paragraph 0108), *etc.*

The Examiner also cites, for example, paragraphs 0007, 0013, 0014, 0015, 0020, 0021, 0107, 0110, 0132, 0155, 0161, 0168 and 0169 as support for the proposition that Russell teaches a new and improved system for communication. These paragraphs discuss a need for new and improved systems and methods for obtaining information and conducting transactions for and about pets [0007], mourning the passing of individuals [0013], educating individuals and providing access to DNA information for individuals and their pets [0014] through the use of computer networks, internet sites devoted to the above [0020, 0021, 0107 and 0110], uploading a death notice on MyEtribute.com [0132], visits to MyEtribute.com [0155], a person receiving email notice of the death of a former classmate [0161], submission of an entry on a guest book on MyEtribute.com [0168], and a donation to a private family-sponsored fund and sending of an e-greeting card [0169].

The Examiner alleges that in view of the above paragraphs "it would have been obvious to ask one or more questions regarding loved one's preferences and respond to the answers to the questions to find out the wishes of loved one and respond appropriately or do the right thing to please the loved ones." (Office Action dated May 19, 2004, pgs. 5 and 9). The questions and answers of the inventive system and method are not taught by or suggested in the goals of Russell. The inventions described and claimed herein are directed to fundraising. For example, the systems and methods allow determination of the preferences of the individual answering the questions (whether the individual is a patient or former patient, a member of the patient's (or former patient's) family, or a friend of the patient or former patient) to identify organizations, including charities or fund-raising programs, and solicit donations for that organization(s) from the individual.

The present invention is designed for establishing relationships and communication between a patient (both current and former patients), and their friends and/or family and one or more organizations or programs engaged in fundraising and soliciting charitable donations, including, for example, donations for hospitals and fundraising programs within hospitals. Independent claims 1 and 19 recite that questions are asked to a user, *e.g.*, the patient or former patient, a friend, and/or a family member, accessing the network, and based on answers to the questions given by the user, the inventive system and method will identify organizations and/or programs engaged in fundraising to whom those individuals are likely to donate, and will then solicit donations from those individuals.

Method claim 1 recites the steps of:

asking one or more questions, on the web pages, regarding preferences and dislikes participants;

identifying organizations engaged in fundraising based on the answers to the questions; and

soliciting a charitable donation for the organizations engaged in fundraising.

System claim 19 recites:

means for asking one or more questions on the web pages regarding preferences and dislikes participants, and for identifying organizations engaged in fundraising based on the answers to the questions; and

means for soliciting a charitable donation for the organizations engaged in fundraising.

While the users may be asked questions related to the patient's illness or treatment, it is in response to the particular individual's answers to the questions that the inventive system and method will identify charitable organizations and efforts and solicit donations from that particular individual.

The patient's preferences, while a particular user may know them, are not the primary means by which the inventive system and method identifies charitable organizations and solicits donations except where the patient is the one answering the questions. The patient, in response to his or her own answers, will be solicited for donations to certain organizations, including charitable programs; which organizations may or may not be the same as for other individuals. It is the particular user's answers to the questions that are used to identify charitable organizations, which may include particular charitable programs, and solicit donations from that particular user. For example, patients who believe they received good service/treatment – or poor – may be solicited based on their responses.

In contrast, as previously noted, Russell is directed toward a method involving mourning and remembering a deceased. Individuals can find out the wishes of the deceased and respond appropriately. If the deceased has identified any specific charities, individuals can make

donations to those specific charities. Among other things, Russell does not, for example, teach or suggest asking questions to a patient, family member or friend, and then identifying organizations, including charitable causes and/or programs, *etc.*, and soliciting donations for them from a particular individual (*i.e.*, the patient, family or friend) based on that particular individual's answers to the questions. Russell, for example, is devoid of any teaching of providing communication with or for a patient. Thus, the cited paragraphs of Russell do not teach providing any type of communication between a patient and his/her friends and/or family.

Accordingly, independent claims 1 and 19 are believed allowable.

Claims 2-4, 6, 16-18 and 20-22, 24, 34-36 depend cognately from independent claims 1 and 19, respectively, recite further detail, and are also believed allowable.

§ 103 Claim Rejections – Claims 5-16 and 23-24

Claim 5-16 and 23-24 stand rejected under § 103(a) over alleged AAPA, and further in view of U.S. Patent No. 6,442,693 to Sandgren *et al.* ("Sandgren"). (Office Action dated May 19, 2004, pg. 7). Claims 5-16 and 23-24 also stand rejected under § 103(a) over Russell in view of Sandgren. (Office Action dated May 19, 2004, pg. 11). Applicants submit the following in response to both rejections, since they include common issues with respect to Russell and Sandgren. Applicants respectfully traverse the Examiner's rejections for at least the following reasons.

The deficiencies of Russell as applied to independent claims 1 and 19 have been previously noted. Sandgren does not overcome these deficiencies. Sandgren merely refers to secure websites having different levels of accessibility. Accordingly, claims 5-16 and 23-24 are believed allowable.

New Claims 37-45

New independent claim 37 recites the following steps:

asking one or more questions, via the private group website, regarding the preferences and dislikes of an individual accessing the private group website;

identifying one or more organizations based on the individual's answers to the one or more questions; and

soliciting a charitable donation from the individual for the one or more identified organizations.

These steps, which involve asking questions regarding the preferences and dislikes of patient(s), friend(s) and family and identifying one or more organizations, for example a hospital or hospital program, engaged in fundraising, and soliciting a charitable donation for the organization(s).

Thus, for reasons similar to those discussed above for the pending claims, new independent claim 37 is believed allowable.

New claims 38-45 depend directly or indirectly from independent claim 37, recite further detail, and are also believed allowable.

Conclusion

In summary, none of the citations, alone or together, teach or suggest providing a method/system for efficient communication and relationship management between a patient, friends, and/or family and one or more organizations engaged in fundraising via a network. None of the citations, alone or together, teach or suggest asking questions to an individual (*e.g.*, the patient, a friend, and/or a family member). None of the citations, alone or together, teach or suggest accessing the network to identify organizations based on the individual's answers to the questions and solicit donations from the individual for the organization. And, none of the citations, alone or together, teach or suggest the use of such a system to allow friends and/or

family to maintain communications and relationships with the patient through the network and also support the organizations. Thus, for at least the above-identified reasons, Applicants submit that pending claims 1-45 are allowable.

Reconsideration of claims 1-36, consideration of new claims 37-45, and allowance of the case are respectfully requested.

Enclosed herewith is a check for \$81.00 to cover the extra claims fee. The Commissioner is hereby authorized to charge any underpayment and credit any overpayment to our Deposit Account No. 02-4553.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Bryan H. Opalko", with a long horizontal flourish extending to the right.

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